MHSAS OFFICE OF CERTIFICATION POTENTIAL PROVIDER ORIENTATION

Alabama Department of Mental Health

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MHSAS Director of Certification

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Mental Illness and Substance Abuse Services Division
P.O. Box 301410
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MHSA OFFICE OF CERTIFICATION
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YOU WILL RECEIVE A CERTIFICATE FOR ATTENDING THIS ORIENTATION

HOWEVER, ATTENDING THIS ORIENTATION DOES NOT MEAN YOU ARE CERTIFIED TO PROVIDE SERVICES. THIS CERTIFICATE EXPIRES ONE (1) YEAR FROM TODAY.

Certificate of Attendance

Expires 7/28/23

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WHO ALL ARE UNDER THE IMPRESSION THAT MHSAS CERTIFICATION MEANS FUNDING/CONTRACT? PLEASE RESPOND IN THE CHAT BOX

WHAT CERTIFICATION DOES NOT MEAN

ADMH Certification DOES NOT constitute a contractual agreement between Mental Health Substance Abuse Services (MHSAS) and the service provider for services. You are responsible for your funding source.

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- ATTENDING THIS TRAINING WILL NOT GUARANTEE CERTIFICTION.

- YOUR FUNDING SOURCE IS UP TO YOU.

- BECOMING CERTIFIED DOES NOT MEAN YOU WILL RECEIVE FUNDING OR A CONTRACT FROM ADMH OR MEDICAID.

- YOU ARE RESPONSIBLE FOR DEVELOPING A RELATIONSHIP WITH COMMUNITY MENTAL HEALTH PROVIDERS OR OTHER COMMUNITY RESOURCES FOR REFERRALS TO YOUR PROGRAM.

- EXECUTIVE DIRECTOR MUST MEET QUALIFICATIONS IN ORDER FOR APPLICATION TO BE REVIEWED. **IF ED DOES NOT MEET CRITERIA, APPLICATION WILL BE DENIED.**

- IF YOU SUBMIT RESUME OF CLINICAL DIRECTOR WITH APPLICATION, THEY MUST MEET QUALIFICATIONS PER CODE TO BE REVIEWED. **IF CD DOES NOT MEET CRITERIA, APPLICATION WILL BE DENIED.**

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IF YOU HAVE QUESTIONS REGARDING POTENTIAL FUNDING/CONTRACT CONTACT – REMEMBER CERTIFICATION DOES NOT CONSTITUTE ANY TYPE OF FUNDING:

- ❖ **SUBSTANCE ABUSE– Vacant, Director of Substance Abuse Treatment and Development –**

- ❖ **Mental Health – Kim Hammack, Director of Mental Health Community Programs**
  kim.hammack@mh.alabama.gov

- ❖ **PREVENTION SERVICES – Beverly Johnson, Director of Prevention Services –**
  Beverly.Johnson@mh.alabama.gov

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CERTIFICATION APPLICATION PROCESS FEE

❖ A $1500 non-refundable application fee will be assessed (cashier's check made payable to Alabama Department of Mental Health) for all new provider applications.

❖ The applicant will submit application along with all required documents to the Office of Certification Administration along with the certificate you received during Potential Provider Orientation.

❖ The Office of Certification Administration will document receipt of the application packet and hold such until the results of criminal background checks are received and processed by BSI.

❖ The Office of Certification Administration will forward the complete application, including background check information, to the Office of MHSAS Certification for review, final approval and processing the application.

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- The Director of MHSAS Certification, along with SA Treatment Services Director, Mental Health Community Programs Director and/or Prevention Services Director or designee, will review the complete packet, communicate any corrections needed to you and make recommendations regarding approval.

- Upon approval by the Office of MHSAS Office of Certification, the <u>Office of Certification Administration</u> will mail a letter to the agency to request the $1500 non-refundable application fee in the form of a cashier's check made payable to Alabama Department of Mental Health from the applicant. ***<u>DO NOT MAIL CASHIER'S CHECK UNTIL YOU RECEIVE THIS LETTER</u>***

- Once received, the Office of Life Safety and Technical Services will be notified to schedule and conduct an inspection of the property to be certified.

- When property has been given approval by Life Safety and Technical Services, the provider will be issued a Temporary Operating Authority (TOA) by the Office of Certification Administration.

IMPORTANT LINKS:

Link to Certified Mental Health, Substance Abuse and Prevention Providers
https://mh.alabama.gov/providers-search/

Be sure to look at the links above to see what type of services are being offered in your county and what the gaps in services may be for your area.

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CERTIFICATION

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CONTRACT OR FUNDING

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MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE CODE UNIFORM NUMBERING SYSTEM

If a rule is divided into many separate paragraphs and subparagraphs, the paragraphs and subparagraphs shall be designated as follows:

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(1), (2), etc. (Main paragraphs)

(a), (b), etc. (subparagraphs under main paragraphs)

1., 2., etc. (subparagraphs under (a), (b), etc.)

(i), (ii), etc. (subparagraphs under 1., 2., etc.)

(I), (II), etc. (subparagraphs under (i), (ii), etc.)

I., II., etc.   (subparagraphs under (I), (II), etc.)

A., B., etc. (subparagraphs under I., II., etc.)

(A), (B), etc. (subparagraphs under A., B., etc.)

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So, what this looks like progression…

(1) Main Paragraph

    (a) Subparagraph under main paragraph

        1. Subparagraph under (a)

           (i) Subparagraph under 1.

               (I) Subparagraph under (i)

                   I. Subparagraph under (I)

                       A. Subparagraph under I.

                           (A) Subparagraph under A.

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So, what this looks like in code

(1)   Main Paragraph

(a)   Subparagraph under main paragraph

1.   Subparagraph under (a)

(i)   Subparagraph under 1.

(I)   Subparagraph under (i)

I.   Subparagraph under (I)

A.   Subparagraph under I.

(A)   Subparagraph under A.

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- **MHSAS Administrative Code**
  - https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf
- **MH Administrative Code**
  - http://www.alabamaadministrativecode.state.al.us/docs/mhlth/580-2-9.pdf
- **SA Administrative Code**
  - https://mh.alabama.gov/wp-content/uploads/2020/05/580-9-44-With-Changes-Effective-May-15-2020.pdf
- **Prevention Administrative Code - http://www.alabamaadministrativecode.state.al.us/docs/mhlth/580-9-47.pdf**

MHSAS ADMINISTRATIVE CODE 580-2-20 PROGRAM OPERATIONS

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

Policy and Procedure Manual requirements

MHSAS ADMINISTRATIVE CODE 580-2-20

Table of Contents – applies to both MH and SA:

➢ 580-2-20-.02 Governing Body

➢ 580-2-20-.03 Personnel

➢ 580-2-20-.04 Recipient Protection

➢ 580-2-20-.05 Infection Control

➢ 580-2-20-.06 Incident Management– procedures– must include MHSAS required procedures as well as your agency's. https://mh.alabama.gov/quality-improvement-and-risk-management/

➢ 580-2.20-.07 Performance Improvement

All must be in policy and procedure manual

- It is the responsibility of potential providers to check ADMH website for updates to the Administrative Codes.

- All policies and procedures must be updated whenever there is a repeal, replacement or new Administrative Code

580-2-20-.03 PERSONNEL

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EXECUTIVE DIRECTOR FOR BOTH MH AND SA 580-2-20-.03

❖ (1)   There shall be a <u>full-time executive director</u> who has overall responsibility for the operation of the agency. The executive director shall:

➢ (a)   Have at least a master's degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least five years managerial experience in a mental health or substance abuse treatment setting; or

➢ (b)   Have a Bachelor's Degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least ten (10) years managerial experience in mental health or substance abuse treatment setting.

➢ (c)   Notify MHSAS of changes in Executive Director.

➢ (d)   Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

CLINICAL DIRECTOR FOR BOTH MH AND SA

580-2-20-.03 PERSONNEL

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❖ (2)   There shall be a <u>full-time Clinical Director</u> (in addition to the Executive Director) who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs as delineated in the job description. The Clinical Director shall:

➤ (a)   Have a minimum of either a master's degree in psychology, social work, counseling, or psychiatric nursing and have a minimum of 3 years post master's relevant clinical experience or be a physician who has completed an approved residency in psychiatry.

➤ (b)   For agencies who provide substance abuse treatment services, have a license or a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

➢ (c)	Notify MHSAS of changes in Clinical Director.

➢ (d)	Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

BUSINESS MANAGER/CHIEF FINANCIAL OFFICER OR EQUIVALENT FOR BOTH MH AND SA
580-2-20-.03 PERSONNEL

❖ (a)   The financial accounting operations of a service provider organization with a total annual budget exceeding $750,000 shall be supervised by a full time employee or contracted service who has the following qualifications:

➤ 1.   At least a bachelor's degree in accounting or business, finance, management, public administration, with at least three (3) college accounting courses.

➤ 2.   At least two years accounting experience.

❖ (b) The financial accounting operations of a service provider organization with a total annual budget less than $750,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

  ➢ 1.   Demonstrated familiarization with Generally Accepted Accounting Principles and;

  ➢ 2.   At least two (2) years accounting/bookkeeping experience.

IMPORTANT INFORMATION REGARDING ANY CHANGES IN ED OR CD

❖ **If there is a change in Executive Director, you must:**

➤ Notify ADMH Office of Certification Administration ASAP so that a background check packet can be mailed to new ED or Interim ED and

➤ Complete certification application and other appropriate paperwork – resume, job description, transcripts and new, updated organizational chart

❖ **If there is a change in Clinical Director, you must:**

➤ Notify ADMH Office of Certification Administration ASAP and complete and submit certification application and other appropriate paperwork – resume, job description, transcripts, copy of licensure/certification and new organizational chart

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580-2-20-.02 GOVERNING BODY

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

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580-2-20-.04
RECIPIENT PROTECTION

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

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580-2-20-.05
INFECTION CONTROL

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

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580-2-20-.06
INCIDENT MANAGEMENT

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

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ADMH INCIDENT MANAGEMENT PLAN

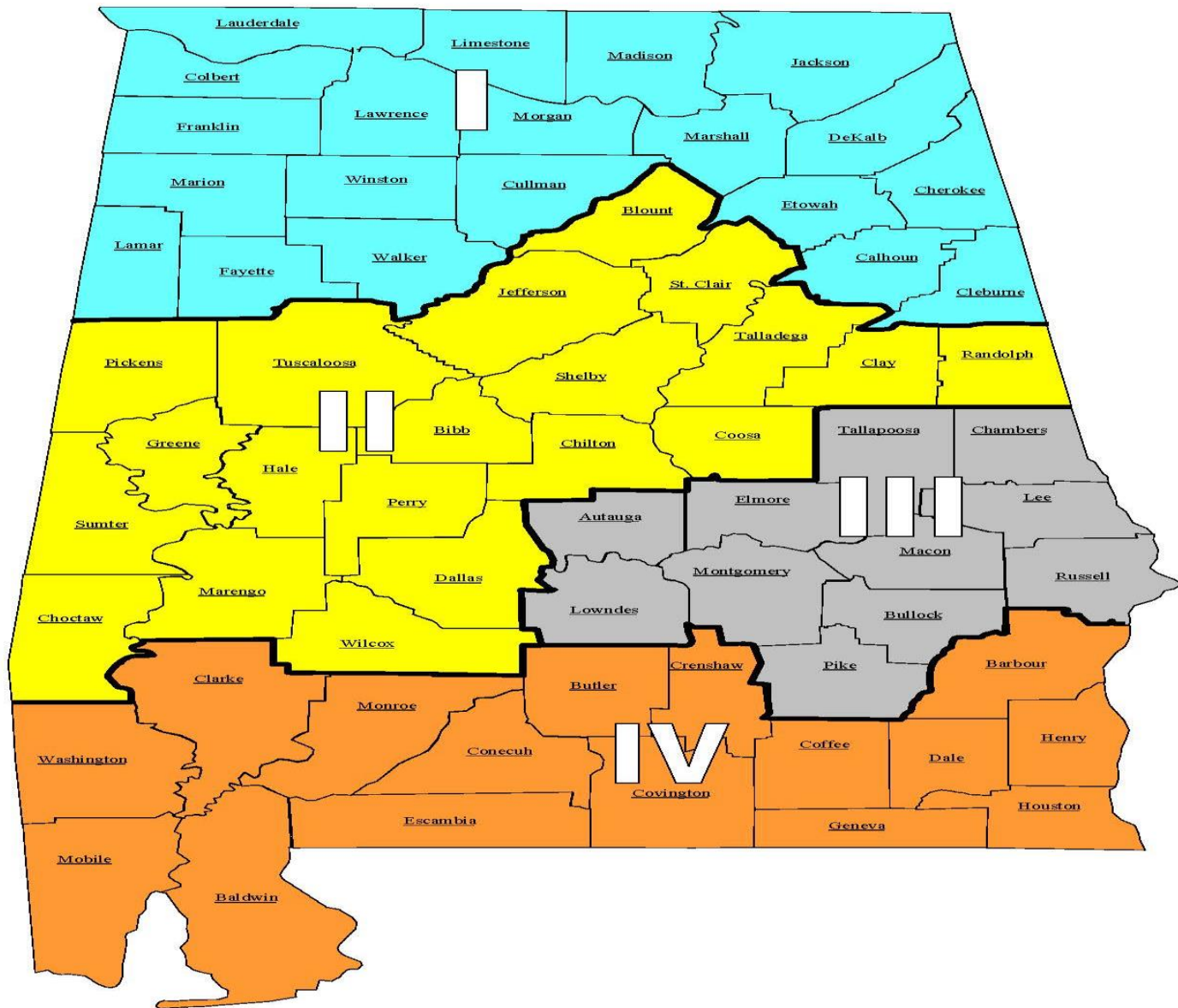https://mh.alabama.gov/wp-content/uploads/2019/02/IMP-Part-B-Final.pdf

580-2-20-.07
Performance Improvement

https://mh.alabama.gov/wp-content/uploads/2020/04/Mental-Health-Substance-Abuse-Services-Program-Operation-Chapter-580-2-20.pdf

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Mental Illness

REGIONAL MAP FOR MENTAL ILLNESS PROVIDERS

Lauderdale
Limestone
Madison
Jackson
Colbert
Lawrence
Morgan
Marshall
DeKalb
Franklin
Marion
Winston
Cullman
Blount
Etowah
Cherokee
Lamar
Walker
St. Clair
Calhoun
Fayette
Jefferson
Talladega
Cleburne
Pickens
Tuscaloosa
Shelby
Clay
Randolph
Greene
Bibb
Chilton
Coosa
Tallapoosa
Chambers
Hale
Elmore
Lee
Autauga
Macon
Sumter
Perry
Montgomery
Russell
Dallas
Marengo
Lowndes
Bullock
Choctaw
Wilcox
Clarke
Butler
Crenshaw
Pike
Barbour
Monroe
IV
Washington
Conecuh
Coffee
Dale
Henry
Covington
Escambia
Geneva
Houston
Mobile
Baldwin

3/13/2012

MENTAL HEALTH SERVICES ADMINISTRATIVE CODE CHAPTER 580-2-9 and MHSAS ADMINISTRATIVE CODE 580-2-20 PROGRAM OPERATIONS
HTTP://WWW.ALABAMAADMINISTRATIVECODE.STATE.AL.US/DOCS/MHLTH/580-2-9.PDF

Policy and Procedure Manual requirements

ALL PROVIDERS MUST HAVE POLICIES AND PROCEDURES THAT ADDRESS THE FOLLOWING:

DEPARTMENT OF MENTAL HEALTH MENTAL ILLNESS COMMUNITY PROGRAMS ADMINISTRATIVE CODE CHAPTER 580-2-9

TABLE OF CONTENTS

580-2-9-.03 Mental Illness Program Staff

580-2-9.06 Consumer Records

580-2-9.08 General Clinical Practice

All must be in policy and procedure manual

What services do I want to provide to people suffering from mental illness?

What are the options?

MUST HAVE PROGRAM DESCRIPTION ADDRESSING ALL REQUIREMENTS PER ADMINISTRATIVE CODE:

- 580-2-9.09 General Outpatient
- 580-2-9.10 Child and Adolescent In-Home Intervention
- 580-2-9.11 Adult In-Home Intervention
- 580-2-9.12 Emergency Services
- 580-2-9.13 Partial Hospitalization Program
- 580-2-9.14 Adult Intensive Day Treatment
- 580-2-9.15 Adult Rehabilitative Day Program
- 580-2-9.16 Child and Adolescent Day Treatment

Choose what service you want to apply for and **READ THE CODE.**

- 580-2-9.17 Case Management
- 580-2-9.18 Residential Services
- 580-2-9.19 Designated Mental Health Facility
- 580-2-9.20 Consultation and Education
- 580-2-9.21 Assertive Community Treatment
- 580-2-9.22 Program for Assertive Community Treatment
- 580-2-9.23 Child and Adolescent Seclusion and Restraint
- 580-2-9.24 Adult Seclusion and Restraint
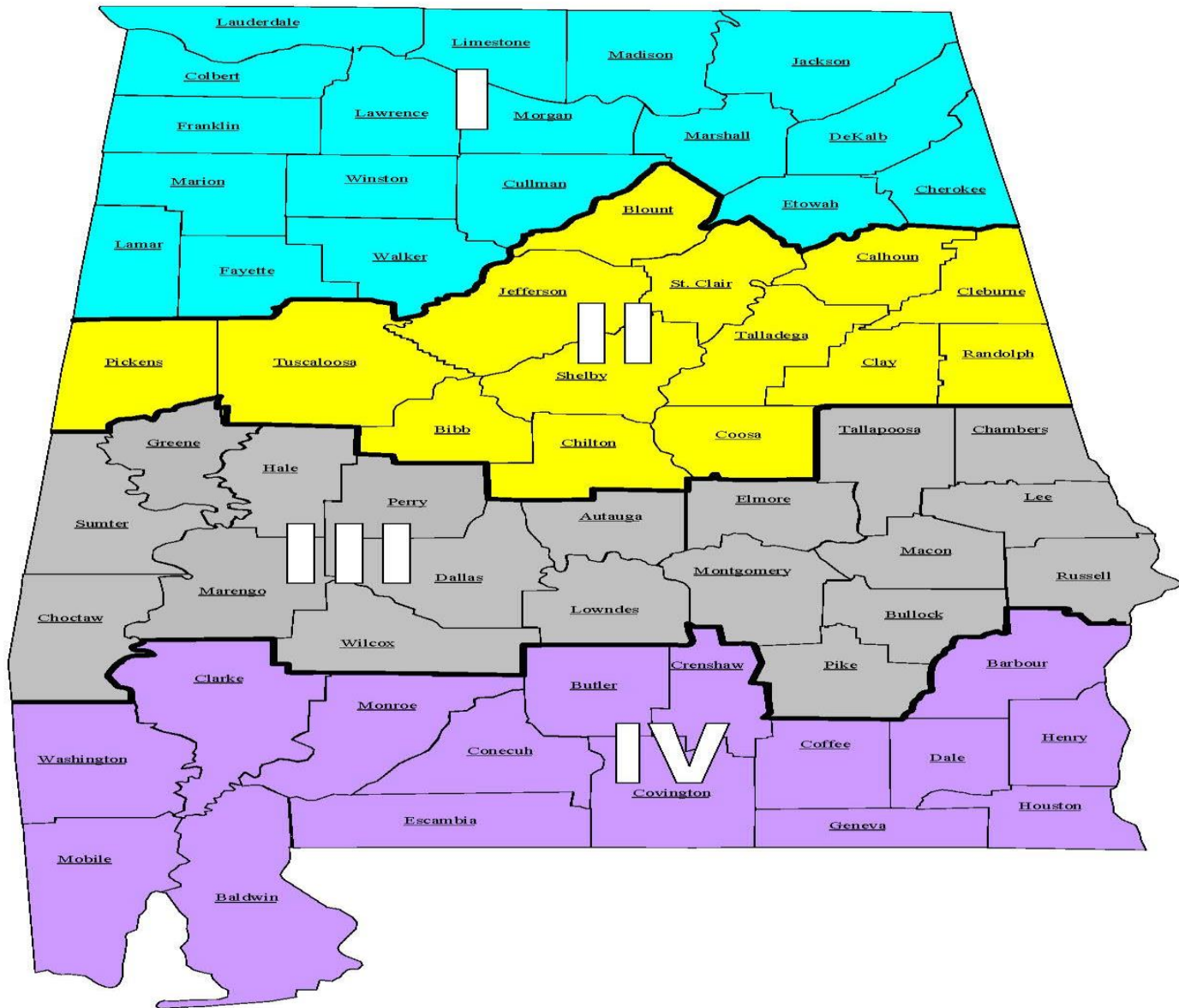- 580-2-9.25 Therapeutic Individualized Rehabilitation Services

SUBSTANCE ABUSE SERVICES

HTTPS://MH.ALABAMA.GOV/WP-CONTENT/UPLOADS/2020/05/580-9-44-WITH-CHANGES-EFFECTIVE-MAY-15-2020.PDF

SUBSTANCE ABUSE
PROVIDER REGIONAL MAP

Lauderdale
Limestone
Madison
Jackson
Colbert
Lawrence
Morgan
Marshall
DeKalb
Franklin
Marion
Winston
Cullman
Blount
Etowah
Cherokee
Lamar
Walker
Jefferson
St. Clair
Calhoun
Cleburne
Fayette
Talladega
Clay
Randolph
Pickens
Tuscaloosa
Shelby
Coosa
Greene
Bibb
Chilton
Tallapoosa
Chambers
Hale
Perry
Autauga
Elmore
Lee
Sumter
Marengo
Dallas
Montgomery
Macon
Russell
Choctaw
Wilcox
Lowndes
Bullock
Clarke
Butler
Crenshaw
Pike
Barbour
Washington
Monroe
Conecuh
Coffee
Dale
Henry
Escambia
Covington
Geneva
Houston
Mobile
Baldwin

I
II
IV

8/9/2012

SUBSTANCE ABUSE SERVICES ADMINISTRATIVE CODE 580-9-44

Policy and Procedure Manual requirements

ADMINISTRATIVE CODES AND TABLE OF CONTENT OF P&PS

➢ **580-9-44-.02** **Personnel**

➢**580-9-44-.13** **Program Description**

All must be addressed in policy and procedure manual

Other personnel requirements:

- SA Counselor Certification Options:
  - http://www.aadaa.us or
  - http://www.naadac.org/about

"WHAT SUBSTANCE ABUSE SERVICES DO YOU WANT TO PROVIDE?"

Choose what service you want to apply for and READ THE CODE.

OUTPATIENT OR INTENSIVE OUTPATIENT

➢ 580-9-44-.14 Level 0.5: Early Intervention

➢ 580-9-44-.15 Level I: Outpatient Treatment

➢ 580-9-44-.16 Level I-D: Ambulatory Detoxification Without Extended On-Site Monitoring

➢ 580-9-44-.17 Level II.1: Intensive Outpatient Treatment

➢ 580-9-44-.18 Level II.5: Partial Hospitalization Treatment Program

➢ 580-9-44-.19 Level II-D: Ambulatory Detoxification With Extended On-Site Monitoring

RESIDENTIAL SERVICES

➢ 580-9-44-.20 Level III.01: Transitional Residential Program
➢ 580-9-44-.21 Level III.1: Clinically Managed Low Intensity Residential Treatment Program
➢ 580-9-44-.22 Level III.2-D: Clinically Managed Residential Detoxification
➢ 580-9-44-.23 Level III.3: Clinically Managed Medium Intensity Residential Treatment Program For Adults
➢ 580-9-44-.24 Level III.5: Clinically Managed Medium Intensity Residential Treatment Program For Adolescents

RESIDENTIAL SERVICES

➢ 580-9-44-.25 Level III.5: Clinically Managed High Intensity Residential Treatment Program For Adults

➢ 580-9-44-.26 Level III.7: Medically Monitored Intensive Residential Treatment Program For Adults

➢ 580-9-44-.27 Level III.7: Medically Monitored High Intensity Residential Treatment Program For Adolescents

➢ 580-9-44-.28 Level III.7-D: Medically Monitored Residential Detoxification

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ADMINISTRATIVE CODE REQUIREMENTS FOR
SUBSTANCE ABUSE

- Must be trained on the 6 dimensions of American Society of Addiction Medicine (ASAM).
- Must use ADMH Approved Screening Tool (found as a part of the MHSAS Integrated Placement Assessment:
  - UNCOPE (ADULTS)
  - CRAFT (ADOLESCENTS)
- Must use the DMH Integrated Placement Assessment Tool for assessing the client needs:

https://mh.alabama.gov/assessment-tools/

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CERTIFICATION

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PREVENTION SERVICES

HTTP://WWW.ALABAMAADMINISTRATIVECODE.STATE.AL.US/DOCS/MHLTH/580-9-47.PDF

➤ 580-9-47-.01 Definitions – do not include in application

➤ 580-9-47-.02 Personnel

    ➤ Full-time Executive Director

    ➤ Prevention Director

    ➤ Prevention Service Provider

➤ 580-9-47-.03 Prevention Records

➤ 580-9-47-.04 Community Planning

➤ 580-9-47.05 Prevention Strategies

➤ 580-9-47.06 Performance Improvement\

➤ Must have approved Prevention Plan

What Is A Policy and Procedure Document And What Does It Do:

❖ Policies and procedures form the backbone for an organization.
❖ They help align the missions and goals of the organization, the applicable Administrative Code(s), federal, state and local laws, and the processes by which the work is to be done.
❖ It serves as a consistent source for organizational policy, which are the overall regulations that govern the business, and the procedures that define how those policies will be implemented.
❖ Therefore, writing them well will help keep the organization on path and ensure that standard procedures are being conducted the same way by all staff.
❖ The policies spell out for all employees what is expected of them and how to accomplish it.

A well written policy and procedure document will serve the organization in the following ways:

- Protect the organization: It provides evidence that the standards of practice within an organization meet all applicable legal and ethical standards.

- Allow the organization to operate more efficiently and effectively: It provides consistency in, and coordination of, agency operations. It also outlines lines of authority/supervision.

- Assist in conflict resolution: It clearly delineates the responsibilities of all members.

- Streamline staff orientation and training: Policies and procedures are used to orient and train new staff as well as refresh experienced staff.

- Assurance for referral sources and the general public: Written policies and procedures, based on current Administrative Code(s), help assure the public and referral sources that ADMH Certified agencies provide and monitor competent treatment carried out by appropriately credentialed staff in a safe environment.

- Identification of and response to problems: Written policies and procedures provide an operational baseline by which agencies can identify and generate solutions for problems that occur in administrating and delivering services.

- Assist in new member recruitment: Policy and procedures clearly outline your agency processes for interested individuals.

- Set a positive direction for the organization: It will help align goals and missions with day-to-day operations.

- Provide a way to review existing programs and services: Clearly defined policies and procedures give a tool by which existing programs and services can be measured. Used effectively, clearly defined policies and procedures is an additional tool that may be used for quality assurance and hold staff accountable in program and service delivery.

- Provide a resource for all staff to use when they have a question on how an agency is implementing the Administrative Code, federal, state and/or local laws/regulations. It is the "how to guide" resource that clarifies and explains the expectations for agency staff when they have a question about an Administrative Code, etc.

- Remain in compliance with all rules, regulations and policies associated with *current* ADMH Administrative Code(s).

❖ Your policy and procedure manual can be a three-ring binder, a folder on a network share drive. What's important is that everyone understands what constitutes your policy and procedure manual and where a policy or procedure can be found when someone needs it.

❖ Your policy and procedure manual will be unique to your agency and programs and should contain the required minimum policies listed in the Administrative Code.

❖ Therefore, you must be familiar with the entire Administrative Code and other laws that pertain to operating a behavior health program such as HIPPA, 42 C.F.R. Part 2, Evidence Based Practices for the population you intend to serve.

Why Separate Policies and Procedures:

- Policies reflect governing Rules and are general in nature.

- Procedures indicate the specific implementation of a given policy.

- Policies adapt to changes in Administrative Code.

- Procedures, in addition to adapting to changes in policies, should also evolve with new tools and methods of treatment.

- This separation will ultimately serve to distinguish what is based on rules and what are the existing standards of practice.

Where to Begin:

- You must begin by assembling all applicable ADMH Administrative Code(s).

- All applicable Administrative Codes become the foundation of your new policy and procedure manual.

- In the absence of all else, these things must be satisfied.

- The key to writing strong procedures and policies is to make the documents rigid enough to clearly indicate the rules of the organization, but flexible enough to be able to be followed easily and without significant deviation.

Organizational and Treatment Program Introduction:

- Providing an introduction to the policy and procedure manual can establish a clear picture of the organization's history, mission, vision, and overall structure.

- This information will allow those who work with your agency to get a sense of your organization and to better comprehend how their activities fit into the overall framework.

- This information is useful for training staff and volunteers, as it will allow them to align themselves and their work with the philosophies and ideologies of the organization.

- Additionally, providing an introduction to the agency's treatment program, inclusive of relevant treatment curricula and evidence-based practices utilized, helps establish a context for the agencies processes outlined within the policies and procedures.

5 Steps to Policy and Procedure Development:

- The following is a sample method of putting policy and procedure together for your manual.
  1) Identify policy needs and Administrative Code(s) requirements
  2) Draft policy
  3) Approve policy
  4) Implement
  5) Review and evaluate

1) Identify policy needs and Administrative Code requirements

1. Review underlying concerns. Ask, "Do we have a policy about...?" Then, "Do we need a policy about...?"

2. Relate to agency philosophy, values, mission, goals and Administrative Code.

3. Collect information that will help you draft the policy.

4. Describe desired outcome. What do you want this policy to do when implemented?

2) Draft policy and procedures:

1. Make it as clear as possible. Use plain language, be brief and to the point.
2. Be certain it is in agreement with current Administrative Code(s).

3) Approve policy and procedure per Administrative Code

1. Governing Body approves policy and procedures.

2. Governing Body signs and dates the policies at time of policy approval.

3. Add to policy and procedure manual.

4) Implement policy

1. Communicate policy to all agency staff.
2. Notify staff of effective or revised dates.

5) Review and evaluate per Administrative Code or sooner if determined by Governing Body

1. Review regularly.
2. Evaluate effectiveness in service delivery.
3. Is the policy applicable and relevant?
4. Adapt to meet changing situations, modifications in licensure or designation or revision of Rule.

Writing Procedures

- Procedures make policies operational. They are comprehensive action statements consisting of three key elements: **what** is to be done; **when** it will be done; and **who** will do it, not necessarily in that order.
In the following examples, the **key elements** in each procedure are bracketed and in bold type.

- **Example 1:**
(Policy)
Service plan reviews shall be completed and documented when there is a change in the individual's level of functioning, or when individual-related events occur that significantly affect planned treatment outcomes and/or lengths of stay in treatment, and within timeframes identified in current Rule, based on level of care.

- (Procedures)
  - **[who]** Clinicians **[what]** shall schedule clients for service plan reviews and revisions **[when]** according to the current Rule requirement from the creation of the initial services plan and within the current Rule requirement thereafter.
  - **[who]** Clinicians and the clinical director **[what]** will evaluate individual treatment-related events to determine whether they have a significant impact on treatment outcomes, length of stay or other important aspects of individual treatment. When events are evaluated as having significant impact on individual treatment, **[who]** clinicians **[what]** shall schedule service plan reviews with clients **[when]**within 72 hours following evaluations.

Example 2: (Policy)

Qualified staff shall be certified or licensed addiction counselors whose credentials are current and in good standing.
Note: As previously mentioned, rules are usually too general in scope to be used as operating policies. However, some Rules are written so specifically that they translate directly to a policy statement. The above policy is an exact translation of such a Rule.
(Procedures)

- **[what]** Copies of addiction counselor certificates and/or licensure shall be kept in clinician personnel files and their current status shall be checked **[when]** at least once per year by **[who]** the clinical director or a staff person specifically designated by the clinical director.

- **[who]** The director **[what]** shall make sure that the need for certified and licensed addiction clinicians is emphasized **[when]** in all advertising for new clinicians.

  > **Note:** In 2. above, **[when]** is implied by the phrase, "in all advertising for new clinicians," since it is at the time the agency advertises for new counselors that addiction counselors or licensed persons will be emphasized.

- **[who]** QSAPs **[what]** shall complete all required courses and supervised clinical hours required to obtain certification **[when]** within thirty (30) months of hire.**[who]** The clinical director **[what]** shall oversee and report their progress to the director **[when]** on a monthly basis.

Updating Policy and Procedure Documents:

- Policy and Procedure documents should be regularly updated, so as to ensure that they are in accordance with current Administrative Code(s) and per Administrative Code(s), as well as being reflective of current best practices.

- It is likely that the policy and procedure document was comprehensive and efficacious at its inception, but changes in Administrative Code(s) and practices have since rendered it obsolete.

- On the other hand, a policy and procedure document may have initially been written too vaguely and, therefore, difficult to follow, which would also necessitate a review and update.

- The question is always 'do these policies and their procedures allow us to most efficiently and effectively do our work?'.
  Therefore, it can be most helpful to set aside time at least annually per Administrative Code, to review, revise, and update the policy and procedure document.

- Assign a particular individual to being in charge of keeping the document current.

In Summation:

- Writing a thorough policy and procedure document can feel like an overwhelming task.

- However, done correctly it will ultimately save your organization both time and money while increasing productivity.

- Therefore, the more work put into the creation of the document, the more benefit that will be realized.

- An applicant agency can use its own numbering system for its policies and procedures, **but it speeds up the review process if they are in the same order as the Administrative Code on which they are based.**
  The key in writing policy and procedure documents is to not make your manual overly restrictive.

- Write your procedures to meet the mandatory requirements as outlined by applicable and current Administrative Code(s), laws and rules.

- Next, write your procedures to ensure consistency in the areas where operational demands obviously require consistent behavior.

- The Policy and Procedures manual should be viewed as a guide for current, as well as new members to the organization.

- This then puts the imperative on keeping the document clear, concise, and easy to follow.

- Also, the manual should not be viewed as a static tool, rather it something that is to evolve with the changing world in which the specified services are to be provided.

Example Administrative Code taken from SA Administrative Code 580-9-44-.13 (6) Program Description - Screening

(1)   Screening. The entity shall develop, maintain, and document implementation of written policies and procedures for a screening process to briefly screen individuals prior to initiation of a behavioral health screening or diagnostic interview examination, or early intervention, treatment, or recovery support service. At a minimum, this process shall:

(a)   Identify the presence of risk factors for a substance use or substance use and co-occurring mental disorder.

(b)   Specify when and where the screening process may take place.

(c)   Specify the instruments utilized to conduct the screening process.

(d)   Describe the procedures followed when the screening process:

1.   Identifies risk factors for a substance use or co-occurring substance use and mental disorder.

2.   Does not identify risk factors for a substance or co-occurring substance use and mental disorder.

3.   Identifies the need for crisis intervention.

(e)   Specify the procedures for documenting the screening process.

(f)   The entity shall document that the results of the screening are clearly explained to the client and to the client's family as appropriate.

(g)   The entity shall submit screening data to the DMH management information system, ASAIS, as according to the most recent edition of Data Reporting Guidelines established and published by DMH, incorporated herein by reference.

To turn this rule into a policy, highlight the parts of the rule that tell the reader what needs to be done to follow the rule. Here it is again, with the action parts highlighted:

(1)   Screening. The entity ==shall develop, maintain, and document== implementation of written policies and procedures for a screening process to briefly screen individuals prior to initiation of a behavioral health screening or diagnostic interview examination, or early intervention, treatment, or recovery support service. At a minimum, this process shall:

(a)   ==Identify== the presence of risk factors for a substance use or substance use and co-occurring mental disorder.

(b)   ==Specify when== and where the screening process may take place.

(c)   ==Specify the instruments== utilized to conduct the screening process.

(d)   ==Describe the procedures== followed when the screening process:

1.   ==Identifies risk== factors for a substance use or co-occurring substance use and mental disorder.

2.   ==Does not identify== risk factors for a substance or co-occurring substance use and mental disorder.

3.   ==Identifies t==he need for crisis intervention.

(e)   ==Specify the procedures== for documenting the screening process.

(f)   The entity ==shall document== that the results of the screening are clearly explained to the client and to the client's family as appropriate.

(g)   The entity ==shall submit== screening data to the DMH management information system, ASAIS, as according to the most recent edition of Data Reporting Guidelines established and published by DMH, incorporated herein by reference.

- **<u>Here is an example of what this policy might look like:</u>**

Agency ABC staff (you identify ==who== – counselor, person who answers the phone, etc.) are responsible for the following screening of individuals requesting services prior to the initiation of the Placement Assessment and other diagnostic interview. This screening takes place at the first point of contact – phone call or walk in the clinic utilizing the UNCOPE for Adults or the CRAFT for Adolescent. The purpose of this screening is to identify immediate needs relating to risk factors for substance use disorder, co-occurring disorders and/or crisis intervention. If the UNCOPE or CRAFT identifies risk factors, the recipient is immediately scheduled for ADMH Placement Assessment. If recipient is in crisis, appropriate interventions will be conducted by qualified staff and referral to any needed interventions/services will be completed and documented by qualified staff.

The following will be documented in the recipient's record by staff completing the screening tool:
1. The staff completing the screening will document in the recipient's record the screening process was completed.
2. The staff completing the screening will discuss the results of the screening with the recipient and document that the results of the screening were clearly explained to the recipient and the recipient's family as appropriate.

The Data management staff member will submit screen data to the ADMH management information system as according to the most recent edition of Data Reporting Guidelines established and published by ADMH, incorporated herein by reference.

DO NOT JUST CUT AND PAST ADMINISTRATIVE CODE

YOU MUT HAVE A PROCEDURE/PROCESS

APPLICATION REQUIREMENTS – ALL ITEMS MUST BE RECEIVED TO PROCESS APPLICATION

- ✓ Criminal Background Check information for ED– sent as instructed
- ✓ Articles of Incorporation
- ✓ Board By-laws and Board duties/responsibilities including a list of Board Members
- ✓ Board minutes
- ✓ Resumes, transcripts, job description and copy of any licensure and/or certification for *Executive Director and Clinical Director*
- ✓ Organizational Chart –showing lines of supervision
- ✓ POLICY AND PROCEDURE MANUAL – *must be included with the application and based on applicable Administrative Codes.*
- ✓ Program Description and application for each service you are applying for and each location you are applying

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FAILURE TO HAVE ALL REQUIRED DOCUMENTS SUBMITTED AT THE TIME OF APPLICATION WILL DELAY THE ALREADY LENGHTY REVIEW PROCESS.

POLICIES AND PROCEDURES MUST MEET ALL PARTS OF ADMINISTRATIVE CODE(S) 100%.

APPLICATION/SUPPORTING DOCUMENTS

All applications to the Alabama Department of Mental Health (ADMH) for certification of community programs shall be submitted to:

applicationsoca.dmh@mh.alabama.gov

CERTIFICATION

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CONTRACT OR FUNDING

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QUESTIONS

The ADMH Mission:
Serve • Empower • Support

The ADMH Vision:

Promoting the health and well-being of Alabamians with mental illness, developmental disabilities and substance use disorders

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Thank you